

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 09/30/03.

## I. DISPUTE

Whether additional reimbursement is recommended for the CPT codes and dates of service listed below. Carrier denied services as “F-Fee Guideline MAR reduction.”

## II. RATIONALE

DOS	CPT	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
05/30/03 (2 units) 06/09/03 (2 units) 06/11/03 (2 units) 06/12/03 (2 units) 06/26/03 (2 units) 06/27/03 (2 units) 07/27/03	97545- WH- AP	\$128.00 \$128.00 \$128.00 \$128.00 \$128.00 \$128.00 \$128.00 \$128.00	\$57.60 \$57.60 \$57.60 \$57.60 \$57.60 \$57.60 \$57.60 \$57.60	F F F F F F F F	\$64.00 per hour	MFG, MGR (II)(E), CPT descriptor 133.307(g)(A-F)	The carrier reduced the amount of \$64.00 per hour by 20% and reimbursed the requestor \$28.80 for each hour of service. The amount that should be reimbursed is \$64.00 for each hour of service. The provider is a CARF accredited facility. The provider has followed the MFG MGR Rule referenced, and relevant information indicates that the services were delivered for dates of service 08/26/02 through 08/30/02. Therefore, additional reimbursement is recommended in the amount of <b>\$313.60</b> . (\$102.40 - \$57.60 = \$44.80 x 7 dates of service = \$313.60)
01/03/03	97250	\$43.00	\$0.00	G	\$43.00	MFG MGR (I)(A)(1-5, 8) 133.307 (g)(3) 133.307 (j)(G)(2)	Relevant information indicates services were rendered per the MFG and is not global to any other service per the MFG. Reimbursement is recommended in the amount of <b>\$43.00</b> .
01/03/03	97265	\$43.00	\$0.00	G	\$43.00	MFG MGR (I)(A)(1-5, 8) 133.307 (g)(3) 133.307 (j)(G)(2)	Relevant information indicates services were rendered per the MFG and is not global to any other service per the MFG. Reimbursement is recommended in the amount of <b>\$43.00</b> .
01/03/03	97122	\$35.00	\$0.00	G	\$35.00 each 15 minutes	MFG MGR (I)(A)(1-5, 8) 133.307 (g)(3) 133.307 (j)(G)(2)	Relevant information indicates services were rendered per the MFG and is not global to any other service per the MFG. Reimbursement is recommended in the amount of <b>\$35.00</b> .

05/30/03 (6 units)	97546- WH- AP	\$384.00	\$0.00	F	\$64.00 per hour	MFG, MGR (II)(E), CPT descriptor 133.307(g)(A-F)	Requestor billed \$384.00 for the dates of service 05/30/03 and 06/09/03 carrier made no payment. The provider is a CARF accredited facility. The provider has followed the MFG MGR Rule referenced, and relevant information indicates that the services were delivered. Therefore, reimbursement in the amount of <b>\$768.00</b> is recommended for these dates of service.
06/09/03 (6 units)		\$384.00	\$0.00	F			
06/11/03 (6 units)		\$384.00	\$172.80	F			
06/13/03 (6 units)		\$384.00	\$307.20	F			
06/26/03 (6 units)		\$384.00	\$172.80	F			
06/27/03 (6 units)		\$384.00	\$172.80	F			Date of service 06/13/03 carrier reimbursed the requestor \$307.20 at a rate of \$51.20 per hour. Reimbursement is \$64.00 per hour for CARF accredited facilities. Relevant information indicates services were delivered. Additional reimbursement is recommended in the amount of <b>\$76.80</b> . (\$384.00 - \$307.20 already paid = \$76.80)
06/30/03 (6 units)		\$384.00	\$172.80	F			
07/07/03 (6 units)		\$384.00	\$172.80	F			The carrier reduced the amount of \$64.00 per hour to \$28.80 for each hour of service for the dates of service 06/11/03, 06/26/03, 06/27/03, 06/30/03 and 07/07/03. The amount that should be reimbursed is \$64.00 for each unit of service. The provider is a CARF accredited facility. The provider has followed the MFG MGR Rule referenced, and relevant information indicates that the services were delivered. Therefore, additional reimbursement is recommended in the amount of <b>\$1,056.00</b> (\$384.00 - \$172.80 = \$211.20 x 5 dates of service = \$1,056.00)
02/18/03	95851	\$36.00	\$0.00				Carrier denied services as "Procedure code is not valid for this date of service. Resubmit with the correct procedure." Requestor billed CPT code 95851 carrier submitted an EOB with CPT code 95850. CPT code 95850 is not a recognized per the MFG, therefore is an improper denial. Reimbursement is recommended in the amount of <b>\$36.00</b> .
01/03/03	97110	\$210.00	\$0.00	G	\$35.00 each 15 minutes	MFG MGR (I)(A)(10) 133.307(g)(3)(A-F)	<b>See Rationale below.</b>
<b>Totals</b>		\$4,355.00	\$1,504.00				The Requestor is entitled to reimbursement <b>\$2,371.40</b> .

Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section as well as analysis from recent decisions of the State Office of Administrative Hearings indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light of all of the Commission requirements for proper documentation. Relevant information submitted in support of the fee component in this dispute does not identify the severity of the injury to warrant exclusive one-on-one treatment. Therefore, in accordance with MFG MGR (I)(A) (10), no reimbursement is recommended for the date of service 01/03/03.

### **III. FINDINGS & DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes 97545-WH, 97546-WH, 97250, 97265, 95851 and 97122. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$2,371.40** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 04<sup>th</sup> day of May 2004.

Michael Bucklin  
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Medical Review Division

Roy Lewis, Supervisor  
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Medical Review Division

RL/mb